

Gerardo Hernandez

From: Gerardo Hernandez
Sent: Monday, January 7, 2019 10:17 AM
To: 'EOIR.FOIARequests@usdoj.gov'
Subject: FOIA request for Jose Pedro Zavala Rivas, A# 074 298 425
Attachments: Jose Zavala-003.pdf

Dear EOIR Officer:

Please find attached a FOIA request for Jose Pedro Zavala Rivas, A# 074 298 425.

Thank you.

Gerardo A. Hernandez Ortiz
Asistente Legal/Paralegal
12761 Darby Brook Court, Suite 102
Woodbridge, VA 22192
(703)533-2347 Phone
(703)424-7514 Fax
ghernandez@yacublawn.com



Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-639
OMB No. 1615-0102
Expires 04/30/2020

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act.

► **START HERE** - Type or print in black ink.

Part 1. Type of Request

Select **only one** box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)
1.b. ☐ Amendment of Record (PA only)

Part 2. Requestor Information

1. Are you the Subject of Record for this request?
☐ Yes ☒ No

If you answered "No" to Item Number 1., provide the information requested in Part 2. If you answered "Yes" to Item Number 1., skip to Part 3.

Requestor's Full Name

- 2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Requestor's Mailing Address

- 3.a. In Care Of Name (if any)
3.b. Street Number and Name
3.c. ☐ Apt. ☒ Ste. ☐ Flr.
3.d. City or Town
3.e. State 3.f. ZIP Code
3.g. Province
3.h. Postal Code
3.i. Country

Requestor's Contact Information

4. Requestor's Daytime Telephone Number

5. Requestor's Mobile Telephone Number (if any)

6. Requestor's Email Address (if any)

Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See Form G-639 Instructions for more information.)

- 7.a. Requestor's Signature
➔
7.b. Date of Signature (mm/dd/yyyy)

Part 3. Description of Records Requested

NOTE: While you are not required to respond to every item in Part 3., failure to provide complete and specific information may delay processing of your request or create an inability for U.S. Citizenship and Immigration Services (USCIS) to locate the records or information requested.

1. **Purpose (Optional:** You are not required to state the purpose of your request. However, providing this information may assist USCIS in locating the records needed to respond to your request.)

Complete A file for client representation.

Full Name of the Subject of Record

- 2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Part 4: Verification of Identity and Subject of Record Consent (continued)**Mailing Address for the Subject of Record**

- 2.a. In Care Of Name (if any)
- 2.b. Street Number and Name
- 2.c. ☐ Apt. ☐ Ste. ☐ Flr.
- 2.d. City or Town
- 2.e. State 2.f. ZIP Code
- 2.g. Province
- 2.h. Postal Code
- 2.i. Country

Other Information for the Subject of Record

3. Date of Birth (mm/dd/yyyy)
4. Country of Birth

Contact Information for the Subject of Record

Providing this information is optional.

5. Daytime Telephone Number
6. Mobile Telephone Number (if any)
7. Email Address (if any)

Signature and Notarized Affidavit or Declaration of the Subject of Record

Select only one box.

NOTE: The Subject of Record **MUST** provide a signature in Item Number 8.a. Notarized Affidavit of Identity **OR** Item Number 8.b. Declaration Under Penalty of Perjury. If the Subject of Record is deceased, read Item Number 8.c. Deceased Subject of Record and attach proof of death.

8.a. ☐ Notarized Affidavit of Identity

(Do NOT sign and date below until the notary public provides instructions to you.)

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in Part 2. I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25 (if filing this request for myself).

 Signature of Subject of Record

 Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____
 day of _____ in the year _____.

Daytime Telephone Number _____

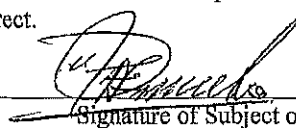
 Signature of Notary

 My Commission Expires on (mm/dd/yyyy)

8.b. ☒ Declaration Under Penalty of Perjury

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in Part 2. I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25 (if filing this request for myself).

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.


 Signature of Subject of Record

01 04 2019
 Date of Signature (mm/dd/yyyy)

8.c. Deceased Subject of Record

(NOTE: You **MUST** attach an obituary, death certificate, or other proof of death.)

Part 5. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with your request or attach a separate sheet of paper. Type or print the name of the Subject of Record and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the information refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Alien Registration Number (A-Number) (if any)

► A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. A#: 094 415 082

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. Family Member 3

Allyson Stephanie Zavala

Relationship: Daughter

Family Member 4

Morena Beatriz Ruiz

Relationship: Former Spouse

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

U.S Department of Justice

Certification of Identity

FORM APPROVED OMB NO.
1103-0016 EXPIRES 03/31/2020

Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹ Jose Pedro Zavala RivasCitizenship Status ² TPS Social Security Number ³ 611164013Current Address 15137 Arum Place Woodbridge VA 22191Date of Birth 03/21/1962 Place of Birth Jiquilisco Usulután El Salvador**OPTIONAL: Authorization to Release Information to Another Person.**

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person

Further, pursuant to 5 U.S.C. 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Yacub Law Offices c/o Lauren Truslow**Print or Type Name**

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature ⁴  Date 01 04 2019

¹ Name of individual who is the subject of the record sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department maybe unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.